

# Professional Healthcare Educators

1286 Kalani St. B-204, Honolulu, Hawaii 96817 / Tel:(808)847-3366



This Enrollment/agreement, is between the above named school and:

PRINT STUDENT NAME: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Photo ID \_\_\_\_\_ Last 4 digit of SS# \_\_\_\_\_

We may ask: how did you find us? Newspaper: \_\_\_ Friend/Family: \_\_\_\_\_ Internet: \_\_\_\_\_

Email address: \_\_\_\_\_

School Location: Honolulu \_\_\_ Waipahu \_\_\_ AM \_\_\_ PM \_\_\_ Weekends \_\_\_ Class Date: \_\_\_\_\_

The school agrees to provide the following training:

Course or program title: Nurse Assistant Training program

Approved and Certified by the State of Hawaii

**Note: Licensing/State Certification is not included with the package**

Package ..... \$ 880.00

- ❖ Book / Handouts
- ❖ Uniform (Royal Blue)
- ❖ Basic Life Support with American Heart
- ❖ Supplies / Materials
- ❖ Criminal Background check
- ❖ Blood Borne Pathogen
- ❖ Basic Medical Terminology
- ❖ Insurance
- ❖ Clinical at the Palolo Chinese Nursing Home

**Not Included: First Aid .....\$ 40.00**

Less: Registration fee (Initial Payment).....\$300.00

If using debit or credit card 4% surcharge will be added.

### Agreement is binding:

This agreement will be binding only when it has been fully completed, signed and dated by the student and an authorized representative of the school prior to the time instruction begins.

### Drop Policy Charge: Refund Charge For cancellations up to:

50% From 1 to 2 days before class starts

100% Day of Class or thereafter- No Refund

Full Refund if class is cancelled.

There is a \$60.00 cancellation fee to cover administrative cost and returned book.

### Effective date of acceptance:

I hereby agree to abide by the conditions set forth herein. I declare that I am 18 years of age or older, a high school graduate or equivalent, and of no criminal record.

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

School representative \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Book \_\_\_\_\_ CPR \_\_\_\_\_ E-Crim \_\_\_\_\_ Uniform: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_